



U.S. Department of Transportation
Federal Aviation Administration

800 Independence Ave., SW
Washington, DC 20591

INVOICE

Invoice No. **AI-01-**_____ September 24, 2001
[2 digit airline code]

[Airline Name]

[Point of Contact]

[Airline City] [Airline State] [zip code]

Phone:

Fax:

E-Mail:

Description of charges:

Aviation insurance from ____/____/2001 through ____/____/2001.
(not to exceed 30 days) (MM/DD) (MM/DD)

Forecast number of departures performed* _____

(*See instructions for definition.)

Premium rate: X \$7.50

Total Premium \$ _____

Remit to:

Electronic Funds Transfer (FedWire)

Name of beneficiary: Federal Aviation Administration
Address of beneficiary: 800 Independence Ave., SW
Washington, DC 20591
Receiver (Bank) Name: TREAS NYC
Receiver (Bank) Address: U.S. Treasury
c/o Federal Reserve Bank of New York
Receiver (Bank) ABA No.: 0210 3000 4
Account No. 69 00 1104
Reference: Invoice Number and Airline Name

Payment by Check

Federal Aviation Administration
Aviation Insurance, APO-3, Room 939
800 Independence Ave., SW
Washington, DC 20591

Telephone: 202. 267.9943
Fax: 202.267.3278, or 202.267.3324, or 202.267.5370